June 2013

Montana Central Tumor Registry Newsletter

Montana Cancer Control Programs
Chronic Disease Prevention & Health Promotion Bureau

MCTR is Acknowledged for Excellence

This year marked the 16th anniversary of the North American Association of Central Cancer Registries (NAACCR) Certification. The Montana Central Tumor Registry, and 68 other registries, submitted their non-confidential data for evaluation and feedback for the 2010 diagnosis year. The MCTR has received the highest certification: GOLD. This certification is important to the MCTR because it recognizes excellence in completeness of ascertainment, data quality, and timeliness of reporting. MCTR's data is also published in the CINA (Cancer in North America).

The summary of our certification measures is as follows:

Completeness of Case Ascertainment	103.6% (must be 95%)
Missing age	0.0% (must be <2%)
Missing sex	0.0% (must be <2%)
Missing race	1.6% (must be <3%)
Missing county	0.0% (must be <2%)
Death Certificate Only cases	2.5% (must be <3%)
Duplicate cases	0.0% (must be <1/1,000)
Passing edits	100% (must be 100%)
Timeliness	100% (reported w/in 23 months)

The MCTR is also acknowledged by the Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries (NPCR) for achieving high standards in data completeness, timeliness, and quality. This year was the 13th year of submitting non-confidential data to the NPCR for evaluation of 1995-2010 diagnosis years. This achievement allows MCTR data to be published in the United States Cancer Statistics (USCS).

The NPCR evaluation is much more extensive than NAACCR's. NPCR evaluates core and advanced data fields, as well as, data completeness, unresolved duplicates, percent of Death Certificate Only cases, missing critical data elements, and percent passing edits. Advanced data review evaluates various data fields with demographics, tumor characteristics, staging, first course treatment, over-ride usage, and follow-up and vital status.

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CS on YouTube

The AJCC has created a YouTube channel as a new way to present educational information. The AJCC YouTube Channel contains educational videos on various AJCC and Collaborative Stage topics.

From the AJCC, the Breast Staging Moments have been posted. The Staging Moments series goes through the staging of a real cancer case to demonstrate proper use of the TNM staging system. Other videos include Collaborative Stage topics like, 988 vs 999, Grade Path Value and Grade Path System, Neoadjuvant Therapy with Eval Codes, and Calculating Testis LDH values for SSF 10 and SSF16.

Click on http://www.youtube.com/user/AJCCancer to view the videos.

Meaningful Use Stage 2—where are we?

The MCTR staff have been diligently learning and preparing for the Meaningful Use Stage 2 (MU2) reporting from Eligible Professionals (physicians). This reporting will begin in 2014 if physicians are ready to submit and have already met Meaningful Use Stage 1 requirements. So far, about 180 physicians have met requirements for incentive payments through CMS (Center for Medicare and Medicaid Services), however these physicians are not specialties that the MCTR would like reporting from.

The MCTR will be inviting specialty physicians such as dermatologists, urologists, gastroenterologists, and oncologists to report cases if they are completely independent from a hospital. We estimate that about 20 dermatologists, 15 urologists, 15 gastroenterologists, and 10 oncologists may need to report. This reporting will be a very small percent of reportable cases to the MCTR and may only increase case completeness by 1-2%.

The MCTR staff have met with Information Technology staff to determine DPHHS's capabilities for receiving data, what transmission methods are available, and what resources we have available to work with individual physicians and their IT capabilities. The MCTR is already capable of receiving CDA (Clinical Document Architecture) messages from physicians and can process them in eMaRC Plus, a software which brings in the documents and maps them into the NAACCR format for import into the MCTR database. Right now, our challenge is determining what transmission methods will be used by physicians. Several options are available and each physician may desire a specific method. The MCTR receives electronic pathology messages via PHIN-MS (Public Health Information Network – Messaging System) and this option will also be available for physicians. Direct Messaging (similar to encrypted e-mail) is another option. Physicians may also choose to submit data through the State HIE (Health Information Exchange) vendor, HealthShare Montana.

Immunization, Electronic Lab Reporting, and Syndromic Surveillance are required reporting, however, cancer registry reporting is optional for physicians under MU2. We are optimistic that the targeted specialty physicians will understand the importance of reporting cases that we may otherwise miss with our reporting systems already in place. Presently, Epic and Meditech software vendors are certified in cancer reporting. Many other vendors are in the process of certification which makes reporting in the standard format easy and with fewer problems.

Updated RPOH Released

An updated version of Registry Plus Online Help (RPOH) for 2012 has been released by the Centers for Disease Control and Prevention (CDC) Division of Cancer Prevention and Control, Cancer Surveillance Branch. This new version is available at www.cdc.gov/cancer/npcr/tools/registryplus/rpoh_tech_info.htm.

RPOH is an integrated, user-friendly help system for cancer registrars and others who work with cancer data. Developed in support of CDC's National Program of Cancer Registries (NPCR), RPOH facilitates the abstraction of cancer cases by centralizing standard abstracting and coding manuals into one accessible, easy-to-use resource. The manuals within RPOH are cross-referenced, indexed, and context-linked, making the information readily available to the user, so RPOH can eliminate the need for printed manuals.

The following manuals are included in this release:

- NAACCR Data Standards and Data Dictionary for record layout version 12.2
- Online help for the NAACCR Edits Metafile V12.2C
- FORDS (Facility Oncology Registry Data Standards) 2012
- Collaborative Stage Data Collection System [CS]: User Documentation and Coding Instructions, Version 02.04 (including both Parts I and II)
- SEER Program Coding and Staging Manual 2012
- ICD-O-3, Introductory Material and Morphology Numerical Lists
- Multiple Primary and Histology Coding Rules

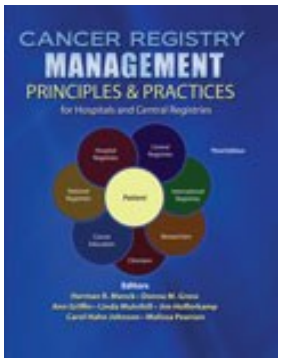
RMCDS software users can find the Registry Plus Online Help under the Help Menu.

Certificate of Excellence Recipients

The following facilities received a certificate for the 2013 First Quarter, acknowledging their timeliness in reporting. Ninety percent of their cases were reported within 12 months.

Facility	City
Physicians:	
Advanced Dermatology of Butte	Butte
Dermatology Assoc of Great Falls	Great Falls
Associated Dermatology	Helena
Helena Dermatology	Helena
Dermatology Associates	Kalispell
Dermatology Provider of Missoula	Missoula
Hospitals:	
Billings Clinic	Billings
St. Vincent Healthcare	Billings
Bozeman Deaconess Hospital	Bozeman
Northern Rockies Medical Center	Cut Bank
Rosebud Healthcare Center	Forsyth
Frances Mahon Deaconess	Glasgow
Glendive Medical Center	Glendive
Sletten Cancer Center	Great Falls
Kalispell Regional Medical Center	Kalispell
Central Montana Medical Center	Lewistown
Livingston Memorial Hospital	Livingston
St. Patrick Hospital	Missoula
Clark Fork Valley Hospital	Plains

Cancer Registry Management Principles & Practice



Look forward to receiving your copy of Cancer Registry Management Principles & Practice. The MCTR was fortunate to be able to order a copy for each reporting hospital. These will be mailed to you in mid-July.

Q and A

A 36 year old white male presented with right flank pain and a hx of kidney stones. A CT of the abdomen and pelvis done on 2/10/13 showed a 3 cm cyst in the upper pole of the right kidney and a 3.2 cm mass in the right medial-portion of the kidney which has both cystic and solid components. The patient was treated with a robotic assisted laparoscopic partial nephrectomy. Two lesions were identified on the right side. The patient had a right partial nephrectomy followed by completion right open radical nephrectomy.

Pathology Report Final Diagnosis:

Tumor #1: Renal cell carcinoma, cystic clear cell type Fuhrman grade 3-4 with extensive sarcomatoid features. Histologic necrotic tissue is present. The tumor measures 2.8 cm and extends directly into the adrenal gland.

Tumor #2: Renal cell carcinoma, clear cell type Fuhrman grade 2. The tumor measures 4.3 cm and extends into the perisinus adipose tissue. Margins widely negative.

Hilar LNs: Renal cell carcinoma, clear cell type is identified in 2 of the 3 lymph nodes removed.

How many primaries are present?

1 primary per rule M2
1 primary per rule M9
2 primaries per rule M10
1 primary per rule M11

What histology would be assigned to each primary?

2 primaries. First primary is 8255/3 Adenocarcinoma with mixed subtypes and the second primary is 8310/3 (clear cell carcinoma).
2 primaries. First primary is 8310/3 (clear cell carcinoma) second primary 8316/3 cyst-associated renal cell carcinoma.
1 primary. 8312/3 Renal cell carcinoma
1 primary. 8310/3 Renal cell carcinoma

What surgery code would be used for the case above?

30 Partial nephrectomy
40 Complete/total/simple nephrectomy
50 Radical nephrectomy
80 Nephrectomy nos

What is Surgical Approach for the case above?

1 Robotic assisted
2 Robotic converted to open
3 Endoscopic or laparoscopic
4 Endoscopic or laparoscopic converted to open